

Captive Manager Designation Form for Captive Insurance Companies

Submit completed form to captive.insurance@tn.gov

FIRM INFORMATION:

1. Firm Name *

2. Firm Address

Address Line 1 (no PO BOX): *

Address Line 2:

City: *

State: *

Postal Code: *

Country

Phone No.: *

Secondary Phone:

Firm Website: *

3. Location(s) of additional firm offices, if any.

4. If your firm has an office in Tennessee, please provide the following information.*

Firm Address, City/State, Postal Code * Contact Name, Phone No., and Email Address *

5. In what location(s) will the management services for Tennessee captive insurance companies be performed, if different from firm's primary address?

6. Do any officers, principals, or key employees have an ACI designation? If yes, please provide name(s) and title(s).

7. During the past five (5) years, has the firm operated under any different name, or has the firm purchased, consolidated or merged with any other firm, or has the firm been purchased? *

Yes No

If yes, please explain and add attachments as needed.

8. Have any principals, officers or key employees ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? *

Yes No

If yes, please explain and add attachments as needed.

9. During the past ten (10) years, has any officer, principal or key employee of the firm ever been refused a professional license by any public or governmental agency or regulatory authority, or has any such license held by any officer, principal or key employee been suspended or revoked? *

Yes No

If yes, please explain and add attachments as needed.

10. Has any officer, principal or key employee of the firm ever been subject to any disciplinary proceedings by any professional association or federal, state or foreign regulatory agency? *

Yes No

If yes, please explain and add attachments as needed.

11. Has any officer, principal or key employee of the firm ever been convicted of a felony? *

Yes No

If yes, please explain and add attachments as needed.

12. Has any officer, principal or key employee of the firm been an employee, officer, principal or key employee of an insurance company or captive insurer in the United States or in a jurisdiction outside the United States that was determined to be insolvent by a federal, state or foreign regulator or supervising authority? *

Yes No

If yes, please explain and add attachments as needed.

FIRM'S CAPTIVE MANAGEMENT EXPERIENCE *

13. Type	# by Type	# Domiciled in TN	Years Experience with Type
Association			
Branch			
Industrial Insured			
Protected Cell			
Pure			
RRG			
SPFC			
Sponsored			
Other			

14. Provide two (2) references within the insurance industry, including telephone number and email address *

Reference 1:

First Name: *

Last Name: *

Phone: *

Email Address: *

Reference 2:

First Name: *

Last Name: *

Phone: *

Email Address: *

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INDIVIDUAL INFORMATION

The principal of the firm and any individual responsible for captive management operations in Tennessee must fill out pages 5 through 7.

Attach the following documents and information to this application when submitted:

1. A completed biographical affidavit using one of the following forms, as applicable:
 - [Biographical Affidavit \(NAIC\) for Risk Retention Groups Only](https://www.tn.gov/content/dam/tn/commerce/documents/insurance/captive/forms/BiographicalAffidavit.pdf)
https://www.tn.gov/content/dam/tn/commerce/documents/insurance/captive/forms/BiographicalAffidavit.pdf
 - [Biographical Affidavit \(TN\) for All Other Applications](https://www.tn.gov/content/dam/tn/commerce/documents/insurance/captive/forms/BiographicalAffidavit.pdf)
https://www.tn.gov/content/dam/tn/commerce/documents/insurance/captive/forms/BiographicalAffidavit.pdf
2. A copy of the applicant's resume or curriculum vitae,
3. A certified copy of any disciplinary orders issued involving the applicant from any professional organization to which the applicant belongs,
4. Copies of all professional licenses and/or designations the applicant holds, and
5. Copies of the resumes or curriculum vitae of all persons who would be employed or assigned captive management work by the applicant.

1. Name

First Name: *

Last Name: *

Position/Title: *

Employment Period: *

Email Address: *

Phone: *

2. List of current licenses, designations and/or memberships in professional organizations:

3. Does the applicant have an ACI designation? *

Yes No

4. Describe the captive insurance experience of the applicant.

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CERTIFICATION

I hereby certify and declare, under penalty of perjury, that:

1. I have been authorized by the requesting management firm herein to complete this "Captive Manager Designation Form for Captive Insurance Companies" (Designation) and to make this certification and declaration;
2. The information provided in this Designation and the documents attached hereto and included as part of the Designation have been examined by me and are, to the best of my knowledge, information and belief, true, correct, and complete;
3. I am aware that, should an investigation, at any time, disclose any misrepresentation or false statement or information, my firm may be disqualified from further consideration as a captive manager for captive insurance companies;
4. I authorize each of the references, associations or licensing or supervising agencies of state, federal or foreign governments to give the Tennessee Department of Commerce and Insurance any private or confidential information concerning the named management firm; and
5. I release the Tennessee Department of Commerce and Insurance, its employees and authorized agents, or any other state, federal or foreign government agency that receives information requested as part of this Designation, from any civil or criminal liability arising under the Federal Rights and Privacy Act, other applicable state laws, or laws of a foreign jurisdiction.

Dated this _____ day of _____, 20 _____

Printed Name of Applicant * _____

Signature of Applicant * _____

Notary:		
Notary Public Embosser or Black Ink Rubber Stamp Seal	State:	County:
	Subscribed and sworn before me this day of , 20__	My commission expires on:
	Notary Public Signature	Notary Public Name (Printed)

